DEPARTMENT OF THE ARMY
HEADQUARTERS, U.S. ARMY MEDICAL COMMAND
2050 WORTH ROAD
FORT SAM HOUSTON, TEXAS 78234-6000

REPLY TO
ATTENTION OF

MCHO-CL-C (40)

19 SEP 1996

MEMORANDUM FOR

Commanders, MEDCOM RMCs/MEDCENs/MEDDACs
Commander, 18th MEDCOM, APO AP 96205-0054

SUBJECT: Ambulatory Procedure Visit (APV)

1. The enclosed instructions, "Ambulatory Procedure Visit," provide detailed guidance for outpatient management of patients that previously were admitted to your facility for Same Day Surgery or other invasive procedures. It is no longer appropriate, nor are you required, to admit the patient who meets established criteria for care in an ambulatory setting.

2. The Department of Defense Instruction (DODI) 6025.8, "Ambulatory Procedure Visit," upon which this change in business practice is predicated, is currently undergoing minor revision. The signed, but undated, DODI which some facilities received an advanced copy of, is no longer a current document. All relevant information and requirements to be addressed in the forthcoming version of this directive are contained in the enclosed guidance.

3. Your attention to, and immediate implementation of, the instructions provided will realign business processes for ambulatory invasive procedures with those of our civilian counterparts.

4. Our point of contact is COL Wright, Directorate of Clinical Operations, DSN 471-6616.

FOR THE COMMANDER:

Encl

ARLENE J. ZALOZNIK
Colonel, MC
Director, Clinical Operations

DEPARTMENT OF THE ARMY
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REPLY TO
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MCCG (40)

3 SEP 1998

MEMORANDUM FOR

Commanders, MEDCOM RMCs/MEDCENs/MEDDACs
Commander, 18th MEDCOM, APO AP 96205-0054

SUBJECT: Ambulatory Procedure Visit (APV)

1. PURPOSE: To provide guidance for implementation of Department of Defense Instruction (DODI) 6025.8, "Ambulatory Procedure Visit." The previous edition of this document, titled "Same Day Surgery," has been rescinded.

2. SCOPE: This guidance applies to all medical treatment facilities (MTFs) operated by the United States Army.

3. DEFINITIONS:

a. The APV refers to a medical or surgical intervention requiring immediate (day of procedure), preprocedure, and immediate postprocedure care in an ambulatory procedure unit. The APV is determined by the complexity, intensity, and duration of the care provided. A licensed or registered care practitioner will be directly involved in the health care intervention related to the APV in accordance with (IAW) local standards of care. The total length of time that care is provided in the health care facility is less than 24 hours.

APV

b. Ambulatory Procedure Unit (APU) may refer to more than one location or area within an MTF, or freestanding outpatient clinic. An APU is specially equipped, staffed and designated for the purpose of providing the intensive level of outpatient care associated with APVs.

4. POLICY:

a. It is the Army Medical Department (AMEDD) policy to encourage the efficient use of health care resources consistent with the provision of high quality care. Optimal use of APVs and APUs in all Army MTFs is encouraged in circumstances where it is cost-effective, patient outcomes are not compromised, and patient needs are met. APVs will be provided only in APUs.

b. The standard of care provided for the APV will be based on guidelines/criteria published by national specialty organizations; e.g., the American College of Surgeons, the Association of Operating Room Nurses, or the American College of Obstetrics and Gynecology. These standards will be implemented IAW local standards of care and practice. The standard of care will be consistent throughout the organization in all practice settings.

c. Freestanding APUs (not attached to an MTF with full inpatient services) will establish emergency and other contingency transfer and transportation arrangements for the APV patient IAW current national, specialty, and local standards of care and practice. Said arrangements with a nearby medical facility capable of treating complications requiring hospitalization or further intervention will be in writing.

5. PROCEDURES:

a. Patient Selection Criteria. The nature of the procedure, the medical status, and/or the assessed nursing needs of the patient generate a requirement for short-term (but not inpatient) care. The care of the patient during the APV is more appropriately rendered in a specialized area, the APU, rather than in the traditional outpatient clinic setting. The APV category is appropriate for all types of patients for whom the procedure, the anesthesia, and/or the nursing care requirements necessitate preprocedure and/or postprocedure care, observation, or assistance.

(1) Each MTF will develop a facility-specific list of medical and/or surgical interventions or other care appropriate for management as an APV. This list shall be based on organizational capabilities and existing managed care contractual agreements.

(2) Each MTF will establish APV patient selection and disposition criteria that will be made available to all appropriate health care staff.

(3) All types of anesthesia may be selected for use with an APV, as deemed appropriate by the privileged provider. Anesthetics which will allow for patient recovery and release in less than 24 hours should be chosen.

b. Licensure, Credentialing, and Privileging Requirements and Procedures. Requirements and procedures will be IAW U.S. Army Regulation (AR) 40-68, Joint Commission on Accreditation of Healthcare Organizations (JCAHO) standards and current organizational policy.

c. Quality Management. The MTF Quality Improvement, Risk Management, and Utilization Management programs will include the APUs and APVs generated within the organization.

d. Pre-APV Testing Requirements. Preprocedural processing, diagnostic testing, and consultation or referrals will be IAW established MTF policy.

e. Perioperative and Recovery Room Protocols, Staffing, and Organization. Policies, procedures, and practice will be locally determined and IAW current organizational policy.

f. Disposition and Follow-up. Each MTF will establish criteria for determining which APV patients require the assistance of a nonmedical attendant and the criteria for postprocedure patient release.

(1) For procedures requiring postprocedure observation or assistance by a responsible nonmedical attendant, the nonmedical attendant will accompany the patient at the conclusion of the APV or upon release from the APU.

(2) Patient postprocedural follow-up processes will be IAW established MTF policy.

g. Medical Records Documentation, Maintenance, Coding, and Retirement.

(1) Documentation for the APV must meet the standards for a short-term stay (abbreviated medical record) and must comply with current JCAHO documentation standards.

(a) The standard forms (SF), or other forms as noted, are recommended for use in the APV record, where appropriate. At a minimum, the documentation in the medical record will include: a Privacy Act Statement (DD Form 2005); an abbreviated medical record (SF 539); an ongoing, interdisciplinary assessment of patient needs and patient plan of care which includes, but is not limited to: preprocedure and postprocedure patient instructions,

to include a brief physician summary of care provided, and Advanced Medical Directives; provider orders (DA Form 4256); other relevant forms, as appropriate: patient procedure or operative consent (SF 522), operative report (SF 516), tissue report (SF 515), anesthesia record (SF 517); progress notes (SF 509), and all appropriate therapeutic documentation, to include postprocedure follow-up telephone call; the Medical Record--Emergency Care and Treatment Record (SF 558), if an APV occurs subsequent to treatment in an Emergency Department/ Service; and all diagnostic reports, e.g., laboratory, radiology, or electrocardiogram reports, etc.

(b) A copy of the patient's postprocedure instructions with a summary of care (e.g., SF 509 or SF 539, etc.) will be forwarded to the health/outpatient treatment record. A mechanism should be in place to ensure that the APV is annotated on the DA Form 5571 (Master Problem List).

(2) The official biostatistical collection of the APV is the Ambulatory Data System (ADS). Providers will select the appropriate International Classification of Diseases--Ninth Revision--Clinical Modification (ICD-9-CM) diagnoses and the Current Procedural Terminology medical procedures and evaluation and management services relevant to the APV. Nursing personnel are responsible for properly annotating any nursing related care and services associated with ADS. The MTF will develop a mechanism for internal tracking of the APV.

(3) The APV will not be Carded for Record Only. All documentation related to the APV will be filed in a DA Form 3444-series folder, on the left side of the inpatient folder. If there is no existing inpatient record, or the MTF does not provide inpatient services, a DA Form 3444-series folder will be initiated. The folder will be annotated with the patient's name, family member prefix, and sponsor's social security number. The APV records will be stored in a limited access area of the MTF; e.g., the inpatient records section. The original APV record will not be integrated into the health/ outpatient treatment record.

(4) Records will be retired to the National Personnel Records Center IAW AR 25-400-2, The Modern Army Recordkeeping System, which outlines the policy for retirement of inpatient medical records. The U.S. Army MEDCENs will retire records 5 years after the end of the year of the last inpatient

disposition or APV; U.S. Army MEDDACs will retire records 1 year after the end of the year of the last inpatient disposition or APV.

h. Medical Expense and Performance Reporting System (MEPRS).

(1) For MEPRS accounting purposes, APVs will be identified using a four-digit alphanumeric code. The first three digits are the patient's outpatient specialty code. The fourth digit, the number 5, will be added to distinguish this new category of work; e.g., a general surgery APV patient will be coded "BBA5."

(2) If pre-APV processing is accomplished in an APU or preadmission clinic, in addition to a monthly patient numerical tally, the minutes of service related to the care provided and the type of patient by service (B_ _5) will be recorded.

i. Billing Procedures.

(1) Current procedures will be followed for Third Party Collection Program (TPCP), Interagency, and International Military Education and Training (IMET) billing. Same day surgery rates applicable to these categories, as prescribed in the annual DOD Medical and Dental Services Reimbursement Rates document, will continue to be used until multiple billing rates are established. A mechanism to track these visits and to identify and document other health insurance will be established at the MTF level.

(2) The APVs under the TPCP are billed using automated outpatient billing systems. The APVs for IMET and Interagency rates are billed as outpatient visits through the Composite Health Care System.

(3) The APVs are not admissions to the MTF; thus, the inpatient surcharge (subsistence) rate for active duty, retirees, or family members will not charged. Each MTF will receive increased funding to cover the cost of meals and beverages provided to the APV patient.

6. EFFECTIVE DATE: The instructions contained in this document become effective 1 October 1996.

7. Questions or concerns related to these instructions should be directed to Headquarters, United States Army Medical Command, Clinical Policy/Consultant Division. The point of contact is COL Wright at DSN 471-6616 or Commercial (210) 221-6616.

JAMES B. PEAKE
Major General, MC
Acting Commander